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07/04

Office Use Only

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NURSE AIDE **CLINICAL** EXAMINATION SELF-REGISTRATION FORM

Please return this form to: Department of Health & Human Services Regulation and Licensure, Credentialing Division, PO Box 94986, Lincoln, NE 68509-4986 or Fax to 402-471-1066. (If you fax it, you will need to make a copy on white paper before faxing as the orange paper does not fax well.) The clinical tester will notify you by telephone to schedule this exam.

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